	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICA	L RESEARCH AND RECORDS, 301 W. PRESTON STREET	, BALTIMORE 1, MARYLAND
15751	CERTIFICATE OF DEATH	1575

							The state of the s
1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE	CE (Where deceased	lived, If institu		before admission)
	Kent	MARYLAND	Marylar	nd	Kent		
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 1b	C. CITY DR TOWN (IF	outside corporat		RURAL and giv	e nearest town)
1	Chestertown	2 days	Chester	ctown	8 yrs.	140	/
	d. NAME OF HOSPITAL OR INSTITUTION (if not in h		d. STREET ADDRESS			6	ON A FARM?
	Kent & Queen Anne's Hospi			le Avenu			ES NOXES
3.	NAME OF First DECEASED	Middle	Last	4. DATE	Month	Day	Year
	(Type or print) Sarah	Letitia	Bailey	DEATH	11	2	1966
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGI	E (In years IF		FUNDER 24 HRS
	Female White WIDOWED	_	9/20/1887	79	t birthday) Mi		Hours Min.
10: du	USUAL OCCUPATION (Give kind of work done lob. King most of working life, even if retired)	IND OF BUSINESS OR	11. BIRTHPLACE (C	ounty & State, or fe	reign country)	12. CITIZEN COUNTRY	OF WHAT ?
	Housewife			New .	Jersey	US	
13	FATHER'S NAME		14. MOTHER'S MAIL	DEN NAME			
	Robert Richmond Stryker		Letitia		Staats	Stry	ker
15 (V		SOCIAL SECURITY NO. 17.	INFORMANT		Address		
1		4-09-8317 Но	ospital Reco	ardo	Chactar	town, Ma	bacluse
	18. CAUSE OF DEATH [Enter only one cause per i	The same of the sa	Spiral Necc)LUS	GHESTEL		EVAL BETWEEN
		O 1	0 -	-00	- 12		ET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ocardeal a	Ceonep-0	Mus. k	aleu	Q - 30	way -
	DUE TO S	1. 0 1	_ / 1	1	17 .		0.11.
	Conditions, if any, which	21 Creogdosof	ce cardior	rencelas.	disco	0 4	ara
	gave rise to immediate		_1_	1 ,	0.		
	underlying cause last.	of old Klu	ruceta	Mean	decare	P	
NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBE	JTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE CONDITIO	ON GIVEN IN PA	RT1(a) 19.	WAS AUTOPSY PERFORMED?
K						YE	
Ē	20a. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCU	IRRED (Enter nature of	f injury in Part I	or Part II of I		• []
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DECORREDE HOR HISOKT COOL	MILD. (LINE) Hatero o	t tulent to toir t	01 1011 (1 01 1	com aon	
		NJURY OCCURRED 200, PLA	CE OF INJURY (Home, fa	arm, 20f. (City	or town)	(County)	(State)
MEDICAL	Hour a.m. White	facto	ry, street, office bldg., e		or coming	(county)	(orara)
E	p.m. 19 at wort	k at work					
	21. I certify that (I) (this hospital) attend	ed the deceased from	10/31 1	9.66 to 11	12	19 66 th	at (I) (we) tast
	saw the deceased alive on 11/2		death occurred at				stated above
	22a. SIGNATURE / 61 A					22b. DATE SIG	
	H KMO	LS M.D	ATTENDING		STAFF PHYS.	11-	4-66
	22c. PHYSICIAN'S		22d. ADDRESS				
	NAME (Type) Dr. H. P. Ross		Chesterto	Mary Mary	land		
23		23c. NAME OF CEMETERY			ION (City, town	or county)	(State)
-	REMOVAL (Specify)			Bound			£
24	Burial 11/5/66	Bound Brook	Cem.	C'D BY REGISTRA			
12	+1. 1. 00 L. 1000	Chestertown,	1.6.3			Linela	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased leved, if institution: Residence before admission) 1. PLACE OF DEATH g. COUNTY g. STATE h COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give negrest lown) wolen www e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street, address) d. STREET ADDRESS YES NO K DATE 3 NAME OF Middle Day Year DECEASED OF 19606 TMAT DEATH (Type or print) IF UNDER I YEAR IF UNDER 24 HRS. AGE (In years DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Days Haurs 0 WIDOWED DIVORCED 10g. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) (OUNTRY? during mast of working life, even if retired) INDUSTRY . 5. epah man 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WS 17) INFORMANI WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, pagar unknown) [(If yes give war ar dates at service) W. 2 Korea 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) factory, street, affice blda., etc.) Haur a.m. While Nat While at wark 1966 19 6 5, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram_ tal/ -16 1966, and that death accurred at 44576M, from causes and on the date stated above. saw the deceased alive an_ 11-26 22b. DATE SIGNED 22a. SIGNATURE STAFF **ATTENDING** 26-66 PHYS DIRECTOR PHYS 22d._ADDRESS 22c. PHYSICIAN'S ck NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATOR (State) 23g. BURIAL CREMATION 23b. DATE THEREOF (County) REMOVAL (Specify) unci ,25g. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 256. 24. FUNERAL DIRECTOR 1966

be executed within 24 hours after death. by the funeral 5-8 filled in by the funion popers. Pages 1 cithin 72 hours after d corban completely requires that the death certificate permit. signed by the burial-transit O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physician. for use os the L Health prior to b has been OR ATTENDING PHYSICIAN: The low certificate detached this director, page 3 should should be filed with the O FUNERAL DIRECTOR:

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cremation, or

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VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1575	3		CERTIFI	CATE	OF DEATH			15	575	6	
1. PLACE OF DEATH a. COUNTY Kent			MARYLA	ND	2. USUAL RESIDENCE (* STATE Maryland	Where de	ceosed lived, if institu b. COU Ke		nce before	e admissi	on)
b. CITY OR TOWN	(If autside carparate limi	ts,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If ou	utside corp	parote limits, write RU	RAL and giv	ve negresi	(nwot 1	
Chester	id give nearest tawn)		7 days		Chestert	own			1	4.1	
d. NAME OF HOSPI	TAL OR INSTITUTION (If n	ot in haspital, g	ive street address)		d. STREET ADDRESS				(ON A F	DENCE
Kent &	Queen Anne	's Hosp	ital		Rto # 2				١	YES	NO
3. NAME OF		irst	Middle	-	Last	4. DAT	TE Mon	th	Day	Ye	мг
(Type or print)	Rel	ha	May		Bowers	OF DEA	тн 11		9	19	66
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B.	DATE OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR		R 24 HRS.
Female	White	WIDOWED -			9/19/93		13 yrs.	Months	Days	Haurs	Min.
10a. USUAL OCCUPATIO	N (Give kind of wark done	10b. KI	ND OF BUSINESS OR	_	11. BIRTHPLACE (County	& State, a			TIZEN OF	TAHW	
during mast of warking Housewi		IN	DUSTRY		KEnt Co.	Ma	ry1and	US	OUNTRY?		
13. FATHER'S NAME	.16				14. MOTHER'S MAIDEN		Lyrand	0.	,		
Dahamb	M	Tainan			Mary Emm	a Pos	nnington				
Robert IS. WAS DECEASED BY	ER IN U.S. ARMED FORCES?	Joiner 16.5	SOCIAL SECURITY NO.	17. IN	FORMANT	a re	Addi	ess			
(Yes, no, or unknown)	(If yes give wor or dates	of service)		TI	1 D	4	Observ		M	1 .	
No.	FATO (Catas call and ca		8-20-6125	HOS	pital Reco	ras	Cheste	ercowi		RVAL BE	
PART I. DEA	DEATH (Enter anly one co ATH WAS CAUSED BY:	6	t 1 0 100	-	Mucroson	Pinil	DOB OF	110.		SET AND I	
447-1	IMMEDIATE CAUSE	, ,	more	/	ryccan	1 CEF	cere	y.			
Canditions, if an		TO A	((1)D					/			
rise to immedia	te couse (a)	(b) // -							1		
stating the unde	erlying couse	E 10									
last.)	(c)			e rentintat presente en	- Dividas a	others in a the 17 \		110	WAS AUT	ORCV
PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELAT	ED TO TH	E TERMINAL DISEASE COI	NDITION (GIVEN IN PART I(0)		119.	PERFORM	NED?
20g. ACCIDENT W. OR CONTRIBUTION									YE	2 📗	NO K
E 20a. ACCIDENT W	AS UNDERLYING ☐ G ☐ CAUSE OF DEATH	205. DE	SCRIBE HOW INJURY OCC	JRRED. (E	nter nature of injury in	Port I or	Port II of item 1B.)				
	MEDICAL EXAMINER)										
20c. TIME OF IN	URY Month, Doy, Yeor				OF INJURY (Home, form y, street, office bldg, etc.		of. (City or town)	((c	ounty)		(State)
P P	m. 19	While at wark	Nat While at work	lation	y, sneet, arnce blag., etc.	' (
21. I cert	ify that (1) (this ho			am	11/2/	9 66	, to 11/9	, 19	66 th	at (1) ((we) las
saw the o	deceased alive an_	11/9	19_66 , ar	d that	death accurred at		_M, fram causes				
220. SIGNATURE	,/	11/1/2	00		ATTENDING	:50 MED.	R.M. STAFF	226. (DATE SIGN	ED	//
	14	V KO	8	M.D.	PHYS.	DIRECTO			117	1-6	6
22c. PHYSICIAN	. /				22d. ADDRESS						
NAME (Type	Dř. H. P	. Ross			Chestert	own,	Maryland				
23a. BURIAL, CREMATI	ON, 23b. DATE TH	IEREOF	23c. NAME OF CEMETE	RY OR CE	EMATORY	23d.	LOCATION (City or To	ıwn)	(County)	(State)
Burial Specif	y) 11/1:	2/66	Chester	Cemi	rery	Cl	hesterto	wn. I	Md.		
24. FUNERAL DIRECT		0.0	ADDRESS		1900 REC'	D BY REG	ISTRAR 756 R	FGISTRAR'S	SIGNATUR	RÉ	
41.)		olla	Chestert	own .	Md. NUV	14	1966	iarle	1 Jun	dal	

Page 4 may be retained by the nospiral or attending physician and campletely filled in by the funeral to FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, a removal, and in any event, within 72 hours after death.

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 1575

CERTIFICATE OF DEATH

15757

	VA.I.O.	×								-0	~ 4 6	, ,	
	PLACE OF DEATH						2. USUAL RESIDENCE (Where dece			nce befor	e admissi	ion)/
0	COUNTY				14.41	BUILDIN	o. STATE	3	b. COU	ueen	Anne	10	
	Kent			-		RYLAND	Marylan						
Ь		If autside carparate limit give nearest town)	fs,	C. 1	LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o		arate limits, write KU	KAL and giv	e neares	it fawn)	
	Chester	town		2	days		Templev	ille			1	1000	
d		AL OR INSTITUTION (If n					d. STREET ADDRESS			,		e IS RESI	FARM?
	Kent &	Queen Anne	s Hos	pita	1		None					YES	NO X
C	NAME OF DECEASED		irst		Middle		Last	4. DATI		th	Doy		66
	Type or print)		usan	and philosoph	NMN	- GI	Breeding	DEA	9. AGE (In years	T IE UNDER	1 VEAD		R 24 HRS
S. S	SEX	6. COLOR OR RACE	7. MARRI	ED Z	NEVER MARRI	ED []	8. DATE OF BIRTH		last birthday)	Manths	Days	Haurs	Min.
	Female	White	WIDOW	ED 🗌	DIVORC	ED 🔲	8/28/1886		80 yrs.				77.0.
10a.	USUAL OCCUPATION	(Give kind of work done	106		F BUSINESS OR		11. BIRTHPLACE (County	y & State, or	fareign country)		TIZEN OF		
JUTH		life, even if retired) fe & Canner	-	INDUST	None				Delaware		IS		
13.	FATHER'S NAME	Le a came	1		210240		14. MOTHER'S MAIDEN	NAME					
		Samuel					Unkno	משנ					
16	WAS DECEASED OUT	R IN U.S. ARMED FORCES)		Jalls L SECURITY NO.	17	INFORMANT	****	Addr	224			
		(If yes give war or dates	of corvirol			- "	INFORMANI		7,001	0.32			
	No		1	213-	-16 - 77	79 Ho	spital Reco	rds	Cheste	rtown	1. Ma	aryla	and_
T		EATH (Enter only one co	use per line	for (a), ((b), and (c).)							ERVAL BE	
-1	PART I. DEATH WAS CAUSED BY:									ON	SET AND	DEATH	
	Inditional Cook (c)									200	Car.		
	4221 DUE TO 0 1 5												
	Conditions, if ony, which gave tise to immediate cause (o),									-			
	stating the unde		TO OT										
	last.	Injury Course	(c)										
1	PART II OTHER SI	IGNIFICANT CONDITIONS	CONTRIBUTION	G TO DE	ATH BUT NOT R	FLATED TO	THE TERMINAL DISEASE CO	ONDITION G	IVEN IN PART I(a)		19.	WAS AUT	OPSY
8	TAKI II. OTTEK SI	OMERCIA COMPINIONS	CONTINUOUN	10 10 00	201 101 10	LUII I	THE VENTILLE PRODUCT OF				,	PERFORM	
3												ES	NO X
CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	205	. DESCRIB	IE HOW INJURY	OCCURRED.	(Enter nature of injury in	Part I ar I	Port II at item 18.)				
		MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJ	URY Month, Doy, Year	20	d. INJURY	OCCURRED		CE OF INJURY (Home, far		. (City or town)	(Co	ounty)		(Stote)
윷ㅣ	Hour o.	16		hile	Not While	1 fac	tory, street, office bldg., etc	(.)					
	D.1 1	ify that (I) (this ha	Q1	work L	the decage	d from	11/1	10 66	to 11/3	10	66 +	hat (I)	(wa) le
				1/3	to 66	and the	t death accurred a		M, fram causes				
		eceased alive an_		1/)_	17_0.0_,	unu me					DATE SIGN		G UDUV
	220. SIGNATURE	11 11	Han	0			ATTENDING 4	MED.	.M. STAFF	7 220. 1	JAIE SIGN	L'	1
- 1		Kt. P.	KPOS	X		M.	1111131	DIRECTOR	PHYS. L	1 //	4	-4	0
- 1	22c. PHYSICIAN'S	1					22d. ADDRÉSS						
	NAME (Type	Dr. H.	P. Ros	SS			Chestert	own,	Maryland				
23n	BURIAL, CREMATI	ON. 23b. DATE TH	HEREOF	23	C. NAME OF CE	METERY OR	CREMATORY	1 23d.	LOCATION (City or To	wn)	(County	()	State)
	Burial Burial				// n man 7		7 -	The	emplevil	10	Md -		
0.4	FUNERAL DIRECTO		-00-		Templ	evil	1 250 DEC	D BY REGI		EGISTRAR'S	-	RF	
LA	TUNBOAL DIKECTO	12 ()	1	0	110 0110	030				Melia		_	40
14	Lonn Z	Boul	and a	UJ	reensb	oro,	Md . DATE N	IIV 1	0 1986	Milla	7400	June	7

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove-carbon pagers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours afterwealth

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1919	ð		CEK	HFICATE	OF DEATH			575	8	
1.	PLACE OF DEATH o. COUNTY Kent			A	MARYLAND	2. USUAL RESIDENCE o. STATE Marylan	(Where deceased lived, if d	institution: Resi b. COUNTY Kent	dence befor	re odmissi	on)
	b. CITY OR TOWN	(If autside carparate limit	5,	c. LENGTH OF ST	AY IN 16		outside carparate limits, w	rite RURAL and	give neares	it tawn)	
	write RURAL or Chestert	nd give nearest tawn)		9 days		Chester	t own		1	111	
-		TAL OR INSTITUTION (If no	et in hasnital r			d. STREET ADDRESS	LOWIT		1	B. IS RESI	DENCE
							**			ON A F	ARM?
		ueen Anne's					Kent Street			YES	-
	NAME OF DECEASED (Type or print)		ford	Middle Earl		Capel	4. DATE OF DEATH NO	Month V+ 3	Doy	190	66
	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MAR	RRIED	8. DATE OF BIRTH	9. AGE (In y		ER I YEAR		R 24 HRS.
	Male	White	WIDOWED	X DIVO	RCED -	3/27/1887	79	Yrs. Mainn	s Doys	Hours	Min.
10	a. USUAL OCCUPATION ring most of working Supr. of	(Give kind af work dane g life, even if retired) Utilities		ND OF BUSINESS O		11. BIRTHPLACE (Count Oueen Ann	y & State, or foreign countres Co., Md.		COUNTRY?		
}	, FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
		Henry Capel TER IN U.S. ARMED FORCES?	1.57	SOCIAL SECURITY N	0 17	Lillie Ma	e Carter	Address			
Y	es, no, ar unknown)	(If yes give war or dotes of	of service)					MO01 622			
	No		1	7-32-2	*//Hos	spital Reco	rds C	hestert			
		DEATH (Enter only one cou	se per line for	(a), (b), and (c).)						ERVAL BE	
	PART I. DE	ATH WAS CAUSED BY. IMMEDIATE CAUSE	(0) Ur	emia.					48	SET AND	
	592	X DUE	()		-	11	- 60				
	Canditions, if an	y, which gave }	(b) (Ki	Day down		Cleroning les	salendes'		140	Laca	
	nse to immedia				07				1		
	stating the und	erlying cause	(c)								
		J	11	TO DELTH OUT HOT	Briatro 70 1	DIE TERMINIAL DISCASS CO	TO A 14 WAYS HAD HAD THE	2 (-)	110	WAS AUT	OPCV
	PART II. OTHER S	SIGNIFICANT CONDITIONS C	lays.	indest						PERFORM ES	NO (4
The second second second	OR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJUR	Y OCCURRED.	(Enter noture of injury in	Part I ar Part II of item	18.)			
THE PARTY	Hour a	JURY Month, Day, Year .m. 19	20d. 11 While at war			CE OF INJURY (Hame, far ory, street, office bldg., etc		nwı)	(County)		(Stote)
	21. I cert	ify that (I) (this has	pital) atten	ded the deceas	sed fram	10/25	19 66 , to 11/	3, 1	9.66, 11	nat (I) (we) las
		deceased alive an_		19 61	6, and tha	t death accurred a	tM, from co	auses and ar			
	22a. SIGNATURI			- 1 3-		8			DATE SIGN	IED	
				1001	Ele MI	D. PHYS.	MED. STAF				
	22c. PHYSICIAN	2		CHACL		22d. ADDRESS					
	NAME (Typ	.1	Dick			Chestert	own. Maryla	nd			
2	DINDIAL COCALAY			23c. NAME OF	CHETERY OF		23d. LOCAHON (Ci)		If aunt	1 //	(teta)
d	REMOVAL (Specif	e vin.	166	Che	ster	lemeter	y Chest	uloun	Kin	1	mc!
2	4) FUNERAL DIRECT	OR , 11 MA	-	ADDRESS	1-1	25a. REC	BY REGISTRAR	25b. REGISTRAR		-	
1	Harry	U. Wille	cenn.	Must	ectoris	~ MC DATE	NOV a 19	166 /	leave	es ye	egge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remave, then may event, within 72 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 6. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) Kent e. STATE Maryland b. COUNTY Kent **MARYLAND** lay is necessary, 13 to the funeral Page 5 may be b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Chestertown c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Chestertown vears d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARAL Water St. Water St. State bours 3. NAME OF Middle DATE 2. E. DECEASED 16, 1966 DEATH NOV. Samuel W. Coleman (Type or print) With Ithin ter death. If a Give Pages 1, 2 6. COLOR OR RACE 7. MARRIED 129 NEVER MARRIED DATE OF BIRTH AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Hours white male NE WIDOWED J DIVORCED [In 24 hours after death If in Item 18, Give Pag 's Office along with 1 event 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country) COUNTRY? Phila. Pa. USA Commersial Printing 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Helen Huling 12 Wulmer B. Coleman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Water Stddress 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or dates of service) Rose Coleman 16 be executed within Chestertown, Md. " in pencil Examiner's WW _yesx INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Unknown IMMEDIATE CAUSE (e) Had had severe headaches for a number of years. worse in past year. Was seen by nourosurgeon. No Conditions, if env. which gava rise to immediate treatment by him. Rectal or sigmoid polyp removed recently cause (a), stating the to have shown cancer. Death occured following 2 con-60 119. WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) vulsive scizures in fairly rapid sequence with complaint of numbness & weakness in arm between seizures. I feel he had PERFORMED? 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INURY OCCURRED. (Enter nature of Injury in Part | of Part | of Item 18.)
PRIMARY | or CONTRIBUTING | intracrantal discase, probably tumor. 모침 3 sho MEDICAL 20c, TIME OF INJURY Month, Day, Year | 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) factory, street, office bldg., etc.) Hour a.m. Chestertown Kent EXAMINER: Not While CTOR: Page designated at work at work Inspection X Inquiry and In my opinion the cert 21. I certify that I took charge of the remains described above, held an Autopsy Undetermined manner K Natural causes X. Homicide death resulted from: Accident Suicide please execute the director. Page 4 s retained for your f CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR 0 DEPUTY MEDICAL EXAMINER Robert W. Farr Chestertown, Mdress (Street, city, town, or county) EXAMINER'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 1 23b. DATE THEREOF REMOVAL (Specify) Of. Chester Cemetery Chestertown, Md. 11/19/66 Burial REC'D BY REGISTRAR | 25b. REGISTRAR'S SICNATURE FUNERAL DIRECTOR Chestertown, Md. VR A15ME DATE 3500 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

24 hours after death

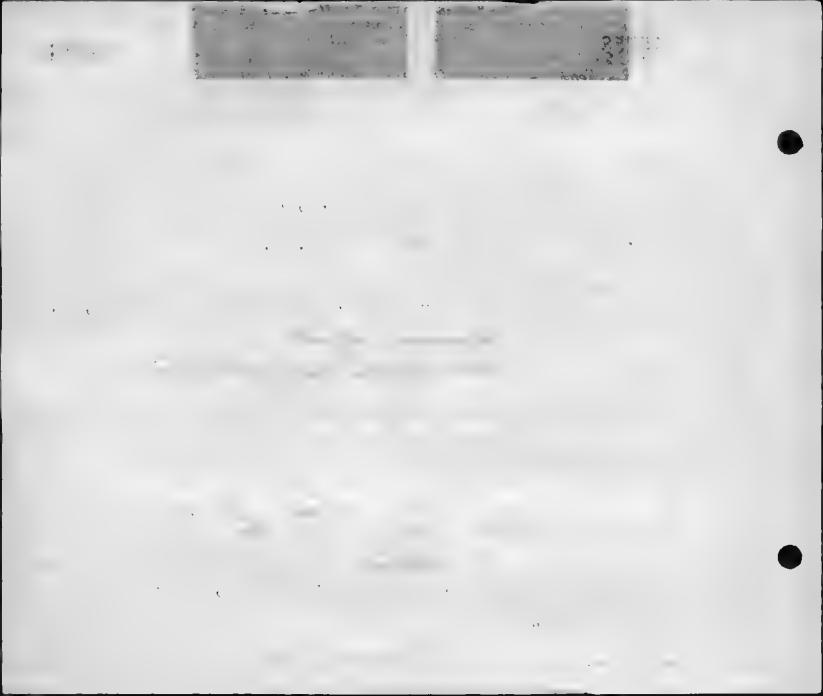
be executed within

The law requires that the death certificate

CERTIFICATE OF DEATH CV and 2 death. funeral 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY Kent. MARYLAND papers. Pages 1 hin 72 hours after Marvland Pages 1 C LENGTH OF STAY IN 16 b CITY OR TOWN (If guitside corparate limits, c (ITY OR JOWN (If outside corporate limits, write RURA, and give nearest town) write RURAL and give nearest town) 23 DAYS Retterton Chestertown d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? event, within 72 filled Kent & Queen Anne's Hospital None YES NO X 3. NAME OF Middle Inst 4 DATE Month Year 26 DECEASED OF 11. Wilbur Edward (Type or print) Daggett DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years los Rbirthdoy) Months Days Hours 1-19-1893 and in any Male White WIDOWED 3 DIVORCED 10o USUAL OCCUPAT ON (Give kind of wark dane 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT COUNTRY? rica edse during most of working life, even if retired) Whiskey Salesman New York Salesman (Retired 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, or removal, Emma Jean Richards Rufus Elmer Daggett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address attendi (Yes, no, or inknown) (If yes g ve war or dates of serv ce 217-01-9442 Hospital Records INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) signed by the buriol-transit p ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying cause as the prior tal Page 4 may be retained by the haspital ar attending last 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES NO K this certificate 20g ACC DENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, farm, (Stote) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) (Caunty) factory, street, affice bldg .etc.) Haur a.m. Not While While After at wark at wark pe 1/- 26, 19 65 that (1) (we) last 21. | certify that (1) (this hospital) attended the deceased fram // - 3 1966 ta filed with the O FUNERAL DIRECTOR: 1-26 19/6, and that death accurred at 1/100 DM, from causes and on the date stated above. saw the deceased alive an 22a SIGNATURE 22b. DATE SIGNED STAFF M.D. PHYS DIRECTOR director, page should be filed 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 24. **ADDRESS** 2Sq REC D BY REGISTRAR 25b REG STRAR'S SIGNATUR VR A15 (4) 20 M 1/66



=	15758 CERTIFICATE OF DEATH	15761
1.		UNTY ,,
_	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits,	Kent
	Rural (hestertour Rural (hestertour	n.
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address) d. STREET ADDRESS	(a. 15 K
3.	NAME OF A PIRST Middle Last 4. DATE M.	onth Dey Yes
_		vember 28 19
	Male White WIDOWED DIVORCED Oct. 22, 1901	ars IF UNDER 1 YEAR IF UNDER 1 YEAR Hours
	On USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or fore gn count done during most of working life, even if retired)	12. CITIZEN OF WHAT
13	Equip. Operator State Roads Q.A. Co. Maryland	USA
	William Henry Wessel Lena Story	4
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Add Yes, no, or unknown) (Hyergivewer or dates of service)	
_	18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	estertown, Md.
	PART I. DEATH WAS CAUSED BY:	ONSET AND
	1420 Due to	10 100
	Conditions, if only, which ? (b) Ortain color this coronar on try due	ine / 40
	gave rise to immediate cause (e), stating the underlying DUE TO	9
Z	couse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	
SATIO		YES T
CERTIFICATION	20e. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	,
MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) factory, streat, office bldg., etc.) et work at work	(County)
		28-, 19.6k, that (I)
	saw the deceased alive on 11-25	
	22e. SIGNATURE ATTENDING MED. STAFF PHYS. PHYS. PHYS.	22
	22c. PHYSICIAN'S 4 C O 1 4 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C	-3 <u>//</u> - <u>/</u>
_		
23	39. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Les tento	un, Maryland
24	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR 256.	REGISTRAR'S SIGNATURE
	Edgar L. Lane Church Hill, Maryland DATEDEC 5 1986	Thanks mos



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15759

CERTIFICATE OF DEATH

15762

1.		LACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)						
	D.	KENT	MARYLAND	o. STATE MARYL	AND b. county K	ENT				
	b	. CITY OR TOWN (If autside corporate limits,	c, LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autsid	e corporate limits, write RURAL and	give nearest tawn)				
		write RURAL and give nearest town) CHESTERTOWN	18 days	WORTON		141				
	d	NAME OF HOSPITAL OR INSTITUTION (If not in haspital,		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
1		KENT - QUEEN ANNES HOSPI	TAL			YES NO T				
3		IAME OF First	Middle	Last 4	. DATE Month OF	Day Year				
		Type or print) GEORGE	v THOMAS V	VILLIAMS III	DEATH 77	12 1966				
5	. 5	EX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UND lost birthday) Month	S Doys Hours Min.				
		MALE WHITE WIDOWED	DIVORCED	2/21/1910	56 yrs.	s boys Hours Him.				
1	0a.	USUAL OCCUPATION (Give kind of work defie 10b. 8	IND OF BUSINESS OR	11. BIRTHPLACE (County & St	tate, or fareign country) 12.	CITIZEN OF WHAT COUNTRY?				
۵	unn		NDUSTRY LIEEN ANNES FOLL	PMENT KENT	CO MARYTAND	AMERICA.				
1	3.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	1Ē	TURNING THE TOTAL CONTRACTOR OF THE TOTAL CONTRACTOR OT THE TOTAL CONTRACTOR OF THE TOTAL CONTRACTOR OT THE TOTAL CONTRACTOR OF THE TOTAL CONTRACTOR O				
		GEORGE THOMAS WILLIAMS	,IR. (L)	ISABELLA	NMN VANDYKE	(D)				
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address					
- 1	Yes	NO (If yes give war as dates of service)	12-03-1636	HOSPITAL RECO	ORDS CHESTERTO	WN, MARYLAND				
	T	1B. CAUSE OF DEATH (Enter only one couse per line fo	r (a), (b), and (c).)	_	0 0	INTERVAL BETWEEN				
,		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	er. 2000 0	1 sin	and coton	ONSET AND DEATH				
	П	DUE TO	5							
1		Conditions, if any, which gave) (h)								
		rise to immediate cause (a), DUE TO								
		last. (c)								
	_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?				
J S		1.0 .00				YES NO				
100	2	20a. ACCIDENT WAS UNDERLYING ☐ 20b. D	ESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Part	I or Part II of item 18.)					
CEDITICATION		OR CONTRIBUTING CT CAUSE OP DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
180	3		INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)				
MEDICAL	MED	Haur a.m. While	Not While fact	tory, street, office bldg., etc.)		, , , , , , , , , , , , , , , , , , , ,				
	ŀ	p.m. 19 at wa 21. I certify that (i) (this haspital) after		70/25 10/	66 to 11/12, 1	964 that (1) (wa) last				
	1	saw the deceased alive an 37	/7.2 19 66 and the	t death occurred at a	fram causes and ar	the date stated above.				
	1	220. SIGNATURE	1		226.	DATE SIGNED				
		6	Roside M.	D. PHYS.	RECTOR D STAFF	-12-66				
II.	1									
ď		22c. PHYSICIAN'S		22d. ADDRESS						
		22c. PHYSICIAN'S NAME (Type) Dr. A. C. Dick			town, Maryland					
1 2	30.	NAME (Type) Dr. A. C. Dick	23c. NAME OF CEMETERY OR	Chester		(County) (State)				
1 2	130. F	NAME (Type) Dr. A. C. Dick BURIAL CREMATION, 23b. DATE THEREOF		Chester	rtown, Maryland 23d. LOCATION (City or Town) Chestertown,					
-	Z4.	NAME (Type) Dr. A. C. Dick BURIAL, CREMATION, BREMOVAL(SPECIFY) FUNERAL DIRECTOR	23c. NAME OF CEMETERY OR Chester ADDRESS hestertown.	Chester CREMATORY 250, RECD B	23d. LOCATION (City or Town) Chestertown,	Kent, Md.				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66



Section 1 to the section of the sect

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15760

CERTIFICATE OF DEATH

15763

	*				
PLACE OF DEATH		San Commission		(Where deceased lived, if institution:	Residence before admission)
a CDUNTY	Kent	MARYLAND	d. STATE Mar	vland b. COUNTY	Kent
	(If autside carparate limits,	c. LENGTH OF STAY IN 16		autside carparate limits, write RURAL	
	nd give nearest tawn)	0.5	D 1	T F - 11	11/1
	Certown TAL OR INSTITUTION (If not in	35 min.	d. STREET ADDRESS	TI,ST	a. IS RESIDENCE
O. MAME OF HOSE	THE OK INSTITUTION (II TIOT III	tiospilat, give street address)	G. SIKELI RODKESS		DN A FARM?
	& Queen Anne!				AEZ NO K
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Type or print)	Gladva	Mary	Wilson	DEATH 11	11 19 66
, SEX	6. COLDR DR RACE 7.	MARRIED NEVER MARRIED	8. DATE DE BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
Female	White	WIDOWED DIVDRCED	10-10-42	2L YES.	onina Doya Houra Milli,
Da. USUAL OCCUPATIO	N (Give kind of work dane	10b. KIND OF BUSINESS DR		ty & State, or foreign country)	12. CITIZEN OF WHAT
uring most of warking		INDUSTRY	Vont Co	ounty Maryland	CDUNTRY? U.S.A.
Teach 3. FATHER'S NAME	ler	Education	14 MOTHER'S MAIDEN	NAME PARTY LAND	UaDaha
	95 . 1 001	7 -			
	am Bernard Wi		1111	Doretta Dowling	
	FR IN U.S. ARMED FORCES?		INFDRMANT	Address	
No.			ospital Rec	ords	
18. CAUSE OF I	DEATH (Enter only one cause p	per line for (a), (b), and (c).)		. 4	INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6).	Superior med	licalina	l'disease	ONSET AND DEATH
5272	DUE TD		meunka		70000
€anditions, if an	y, which gove) (b)	Respirature.	silve Taris		10 days
rise to immedia	ite cause (a), (Duc TD	1000	1		
stoting the und	erlying cause	/	100		/
		RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OF	DNDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY
FAKI II. DINEK	NONIFICANT CONDITIONS CONT	KIDUTING TO DEATH BUT NOT KELATED TO	THE TERMINAL DISEASE CE	MUMON ON IN PART 1(0)	PERFORMED?
5			dr. i		YES ND
	AS UNDERLYING □ G □ CAUSE OF DEATH	205. DESCRIBE HOW INJURY DCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.)	
	Y MEDICAL EXAMINER)				
20c. TIME DF IN	JURY Manth, Day, Year		ACE DE INJURY (Home, for		(County) (State)
Haur o	.m. 19	While Not While of twork of	tory, street, office bldg., et	4)	
		ol) ottended the deceased from_	11-11	1966, to 11-11-	. 19 (6thot (1) (we) !
	211			My from couses one	
22g. SIGNATUR	_	7 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			22b. DATE SIGNED
120, 5,0,0,0	(V) 1 / 1 / 4	all "	.D. PHYS.	MED. STAFF DIRECTOR PHYS.	11/14/66
22c. PHYSICIAN	300	m.	22d. ADDRESS ¹	J- L	1
NAME (Typ		W.FARR	Ch	estertain . Y	nd-
	10111-101	7,7	-		<i>"</i> 11 <i>"</i> 11
230. BURIAL, CREMAT 	(4)		13	23d. LDCATION (City or Town)	The same of the sa
BURIAL	IVOVII		HAPEL	KOCK HALL	MENT ME
24 FUNERAL DIRECT	OR C	ADDRESS -			TRAR'S SIGNATURE
(N Gar	on. nam	of church 140	Le Malidate N	IOV 17 1986 &C	haveles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. These please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remove, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

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